OFFICE OF THE INSPECTOR GENERAL
DMHMRSAS

SNAPSHOT INSPECTION
Southwestern Virginia Training Center

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OIG REPORT # 50-01

EXECUTIVE SUMMARY

An unannounced Snapshot Inspection was conducted at the Southwestern Virginia Training Center (SWVTC) in Hillsville, Virginia on December 2 &3, 2001. The purpose of a snapshot inspection is to conduct an unannounced review of a facility with a primary focus on three quality of care areas. During this type of inspection, the team reviews (based on observations, interviews and the review of supporting documentation) the following: the general conditions of the facility, including cleanliness and comfort; whether there are adequate numbers of staff; and the availability of activities designed to assist patients in their recovery/skills building. The team for this inspection was comprised of two members of the OIG and a consumer consultant.

Overall, the facility was noted to be clean and comfortable. Many efforts at making the facility festive for the holidays were noted. Residents were visibly excited about the preparations and planned events. Residents were engaged in a variety of appropriate evening activities.

The facility's ability to hire additional staff members has resulted in a dramatic reduction in the use of mandated overtime. Staff expressed an increase in morale with the recent hiring of restricted fulltime direct care workers. Staff also expressed concern regarding the stability of these essential positions due to uncertain resources beyond the current fiscal year.

Facility: Southwestern Virginia Training Center
Hillsville, VA

Date: December 2 & 3, 2001

Type of Inspection: Unannounced Snapshot Inspection

Reviewers: Cathy Hill, MEd
Heather Glissman, BA
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Purpose of the Inspection: To conduct an inspection of the general environmental conditions, staffing patterns and activities of the patients.

Sources of Information: Interviews were conducted with both administrative and clinical staff. Documentation reviews, included but was not limited to; patient(s) medical records, staff schedule sheets, program descriptions and activity/program schedules. Activities and staff/patient interactions were observed during a tour of selected areas in the facility.

GENERAL CONDITIONS OF THE FACILITY

Finding 1.1: The facility was noted to be clean, comfortable, home-like and well maintained.

Background: The residential areas including Building #3 and four cottages of the facility were toured during the Sunday evening unannounced inspection. All areas toured were noted to be clean, comfortable, and well maintained. Many "homey" touches were noted. Residents bedrooms had been decorated to reflect particular interests of the individuals. For example, it was learned that a resident had an interest in NASCAR racing. His room was decorated with a border of racing cars and had many NASCAR items on display. Staff interviewed noted that several of the residents' families brought decorations to further personalize the rooms during this season but many other items throughout the year as well. The evening was cool despite record high temperatures for the area during the day. The temperature in the residential areas was appropriate for the season and residents were noted to be appropriately dressed. Bathrooms were clean and odor free. Hallways were clutter free and egress route were easily accessible.

Recommendation: Continue to maintain this environment.

Finding 1.2: Efforts to create a festive and safe holiday environment were noted.

Background: All of the residential areas toured had a festive holiday environment. Outdoor lights and many other outdoor decorations were noted. Staff members had crafted many of these items. Christmas trees were being decorated with non-breakable ornaments in the cottages visited. Staff explained that many precautions had been taken to assure that the holiday decorations were not just festive but that consideration for the safety needs of the residents that lived in each unit was a primary focus. Residents were observed helping in the decorating activities and several expressed delight at the project. Many of the decorations provided multi-sensory experiences for the residents. A number of the items displayed in the cottages had been made or provided by family members. One mother had created an entire Christmas village, which was prominently displayed.

Recommendation: Continue annual effort to create a festive but safe residential environment.

Finding 1.3: Throughout the inspection, staff were noted to be aware of other security/safety concerns.

Background: As previously noted, the inspection was initiated on a Sunday evening. SWVTC is a large campus with a number of residential areas. Upon entering the unlocked residential buildings/residences, OIG staff were appropriately asked to provide identification and state the nature of our business on the campus. The security officer on duty notified the on-duty administrative officer of the team's presence as well as assessing whether our presence constituted a valid visit.

Cottage staff were in the process of conducting a weekly safety check of the unit. This system of weekly safety check was implemented as a result of a previous OIG recommendation. The environment is checked for a number of items weekly and repairs or other identified deficiencies are promptly completed.

Recommendation: Continue to foster a secure and safe environment.

STAFFING ISSUES

Finding 2.1: Overtime hours have significantly decreased over the past few weeks.

Background: At the time of the OIG inspection in April 2001, this facility was averaging 100 hours of overtime per day despite multiple efforts to deploy staff for adequate and safe coverage. During the week prior to this current inspection, the number of average overtime hours was 33 per day. Administration indicated that the two-thirds cut in the use of overtime was attributed to the facility's ability to hire an additional fourteen direct care workers. These positions are classified as restricted full-time positions. This classification allows for the staff to be hired fulltime with benefits for a restricted period

of time. The continuation of these positions beyond this fiscal year depends upon the availability of continued resources.

During the inspection, it was learned that only one of the 18 staff members interviewed during the second shift would be doing overtime. All indicated that in the past month, overtime hours had dropped dramatically. Six of the 18 expressed concern that this decrease in mandatory overtime would not be maintained because of fears that the funding for the new hires would not be continued.

The facility has also initiated a practice of having any necessary overtime be completed by staff within their regular work unit. This practice allows for staff to be used that are most familiar with the residents. Prior to this with more excessive overtime, it was common for staff to be placed in units with residents that were unfamiliar to them.

In settings such as the training centers where individual residents are extremely dependent on staff for many functions, such as eating dressing, toileting and other activities of daily living, repeated overtime and placement with unfamiliar residents greatly increases the likelihood of abuse and neglect.

Recommendation: This facility can not continue to function without adequate numbers of staff.

Finding 2.2: Staff verbalized an increase in morale over the past several months

Background: Seventeen of the 18 staff members interviewed identified an increase in staff morale with the decrease in mandatory overtime hours. Repeated unpredictable overtime erodes staff control over their personal lives. Previously it was not unusual to speak with staff that with short notice were routinely mandated to work two eight hour shifts of overtime each week.

Staff indicated that as facility administration addresses two other staff concerns morale would more than likely continue to increase. These concerns centered on issues regarding the use of leave time and the lack of uniform practices regarding self-scheduling. Staff related that it was the practice of the facility to allow those individuals with the most accumulated leave hours to be granted leave requests first. This is problematic for the employees with less than ten years of service because of the extensive length of employment for most of the Center's staff. Interviews revealed that recently hired individuals have very little chance of being granted leave during the time period requested due to this practice. Many verbalized hope that with the recent hires, there will be greater opportunities for requested time-off to be granted.

Staff also discussed dissatisfaction with the way self-scheduling was handled during the past six months. They indicated that several cottages were allowed to have a 13.5-hour work day, which resulted in the "sister" cottages being "pulled" more often to meet the

scheduling needs of this group. Staff felt that their requests to have the same schedule was denied without reasons being provided. This reported discrimination in scheduling practices has resulted in resentment and distrust in supervisory staff. Staff indicated that there is currently a moratorium in the use of the 13.5 hour days self-scheduling practice. Many expressed a desire to have a "voice" in the process of reviewing this practice before any future changes occur.

Recommendation: Look for opportunities for staff participation as the practices of leave time use and self-scheduling are being discussed.

Finding 2.3: At best, the current staffing patterns are marginally adequate.

Background: Staff interviews revealed that for most of the living units, there are two staff members assigned for approximately ten residents during the evening shift. This prohibits staff members from leaving the unit during their half-hour evening meal break because to do so leaves only one member to provide coverage for the entire area. Night shift coverage is usually one staff member on each living unit. This creates some difficulty for staff in the areas where residents are more mobile or restless. Based on the level of disability and physical dependence of most of the residents, this is minimal coverage.

Day staff expressed concerns regarding having to meet the activity needs of the residents when professional staff are required to attend meetings. They indicated that it is often difficult to provide the necessary supervision of tasks with limited staff available. The review team observed one staff member attempting to address the lesson plans outlined by the professional staff for six residents. While the staff member was assisting one resident the remaining five were unoccupied.

Recommendation: This critical situation will need to be addressed. Continue to work with the Central Office to assure adequate staff coverage.

Finding 2.4: Review of five charts revealed that there has been a considerable gap in access to a psychiatrist.

Background: Late in the summer of 2001, the psychiatrist who had been consulting at SWVTC retired. At the time of this review, a contract has been developed with psychiatrists from a nearby state facility in Marion and has just been implemented. Based on the complexity and intensity of the behavioral problems in the individuals whose charts were selected for review, a period of four months without access to a psychiatrist is concerning. In future transitions wherein there is a gap in access to a psychiatrist at a training center for this period of time, it would certainly be advisable for Central Office

management to facilitate temporary access to one of over one hundred psychiatrists employed by DMHMRSAS.

Recommendation: This gap in access to a psychiatrist should be brought to the attention of the Central Office so that assistance for this situation can be addressed through the state facility medical directors.

RESIDENT ACTIVITIES

Finding 3.1: A variety of evening activities were available for residents.

Background: The team observed residents engaged in a variety of activities. In some of the residential areas, residents were watching television, enjoying favorite videos, having snack time, playing games, and engaging in motor skills development activities. Sunday evening is typically a time for leisure activities and visits with family. In other areas, the residents were assisting with decorating the living areas for the holidays.

Recommendation: Continue to provide array of evening activities

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Finding 3.2: Daytime activities demonstrate the facility's effort to maximize active treatment.

Background: SWVTC provides care and treatment for over 200 residents. Eighty-five per cent of the residents are severely or profoundly retarded. Active treatment services include recreational therapy, physical therapy, occupational therapy, conductive education, and music therapy. The team observed that direct care staff carried out the majority of the objectives established through "lesson plans" designed by the professional staff for the residents. Professional staffing shortages, coupled with the demands on professional staff time such as attending mandatory meetings, creates a situation where it is often difficult for the plans to be adequately supervised and implemented to assure that they are having the desired effect..

Recommendation: Continue to review and deploy staff in the most effective manner for maximizing active treatment opportunities for the residents.

Finding 3.3: A number of special activities have been arranged for the residents throughout the holiday season.

Background: Both administrative and direct care staff spoke of the many activities arranged for the residents throughout the holidays. Among the activities discussed are concerts by two high school choirs, a visit from Santa, a campus wide sing along and tree decorating, unit parties hosted by a number of organizations and churches, and a NASCAR event of celebration. Organizations donate a variety of items. For example, the Lions Club makes a substantial contribution of gifts for the residents.

Recommendation: Continue annual holiday activity efforts.

SOUTHWESTERN VIRGINIA TRAINING CENTER
RESPONSE TO SNAPSHOT INSPECTION REPORT
December 2 & 3, 2001
OIG REPORT #50-01

SECTION ONE: GENERAL CONDITION OF THE FACILITY

Finding 1.1: The facility was noted to be clean, comfortable, home-like and well maintained.

Recommendation: Continue to maintain this environment.

DMHMRSAS Response: SWVTC procedures will remain in place, which ensure a clean, comfortable, home-like environment. All resident use areas are cleaned daily and supervisors make regular checks. All employees may make reports of needed repairs. The repairs are made in a timely manner.

Finding 1.2: Efforts to create a festive and safe holiday environment were noted.

Recommendation: Continue annual effort to create a festive but safe residential environment.

DMHMRSAS Response: Procedures have been in place for several years which encourage/enable efforts to decorate resident areas during the holiday season. Regulations regarding potential safety concerns during the holiday are sent to all Departments each year.

Finding 1.3: Throughout the inspection, staff was noted to be aware of other security/safety concerns.

Recommendation: Continue to foster a secure and safe environment.

DMHMRSAS Response: SWVTC staff provides weekly safety checks. These safety checks are completed by the unit staff. In addition, the ADA and B&G supervisor make safety rounds of each area of the facility.

SECTION TWO: STAFFING ISSUES

Finding 2.1: Overtime hours have significantly deceased over the past few weeks.

Recommendation: This facility cannot continue to function without adequate numbers of staff.

DMHMRSAS Response: SWVTC overtime hours continue to remain at lower levels. They were approximately 100 hours per day in April 2001 and are presently down to approximately 33 hours per day during the month of December and remains between 30-40 hours per day. The ability to maintain these lower overtime levels and still maintain quality services is directly liked to the funding that was allocated in the 2002 budget.

Finding 2.2: Staff verbalized an increase in morale over the past several months.

Recommendation: Look for opportunities for staff participation as practices of leave time use and self-scheduling are being discussed.

DMHMRSAS Response: Increase in morale is a result of the enhanced staffing noted in other findings, thus allowing for a reduction in overtime and more opportunities for leave usage. The SWVTC Coverage Committee is utilized for planning and review of leave/scheduling practices for HCSW's. HCSW representatives form each unit and shift are members of this committee will be sent to all living units to ensure that HCSW's are aware of issues being discussed and have the opportunity to provide input through their representative or through unit supervisors.

Finding 2.3: At best, the current staffing patterns are marginally adequate.

Recommendation: This critical situation will need to be addressed. Continue to work with the Central Office to assure adequate staff coverage.

DMHMRSAS Response: See 2.1 above. The funds added to the facility's budget this Fiscal Year (2002) has been requested for the upcoming Fiscal Years. The ability to continue the present staffing levels described in the IG's report and the ability to increase staffing levels are directly linked to the facility's last appropriation.

Finding 2.4: Review of five charts revealed that there has been considerable gap in access to a psychiatrist.

Recommendation: This gap in access to a psychiatrist should be brought to the attention of the Central Office so that assistance for this situation can be addressed through the state facility medical directors.

DMHMRSAS Response: SWVTC gap in psychiatric services was brought to the attention of the Central Office Medical Director. SWVTC has an addition of contracts for the services of two psychiatrists, services are being provided and client's are seen in a timelier manner. If the situation were to recur, the Central Office will be notified again. With two psychiatrists under contract, a backup should be available even if one of the psychiatrists were unable to provide service.

SECTION THREE: RESIDENT ACTIVITIES

Finding 3.1: A variety of evening activities were available for residents.

Recommendation: Continue to provide array of evening activities

DMHMRSAS Response: Processes have been in place for evening activities at both the living and facility-wide level for several years. In addition, supervisors make regular evening rounds and complete random active treatment checks to help assure that activities are conducted. These processes will continue.

Finding 3.2: Daytime activities demonstrate the facility's effort to maximize active treatment.

Recommendation: Continue to review and deploy staff in the most effective manner for maximizing active treatment opportunities for the residents.

DMHMRSAS Response: SWVTC managers will continue to review resource allocation on an almost daily basis in efforts to maximize opportunities for active treatment. The facility currently has two new projects; they are the Falls Management Program and increased contract work in the vocational area. The Falls Management Program is a new project, and leadership is provided by one of the Facility Project Managers. There is a cross of disciplines participating, which includes Occupational Therapy and Physical Therapy. The program will monitor fall types and solutions to lower the fall risk. The vocational contract is for one year with a local company approximately 12 miles from the facility in North Carolina. The residents sort socks by style, size etc.

Finding 3.3: A number of special activities have been arranged for the residents throughout the holiday season.

Recommendation: Continue annual holiday activity efforts.

DMHMRSAS Response: The Facility continues to provide a number of special activities during the holiday season and this will continue each year.